

# Two Plan Comparison

For FL, NY, OR, and WA



STANDARD PLAN*		EASY OPTIONS PLAN*
<b>Copay</b>	\$15 Exam/\$25 Materials	\$15 Exam/\$25 Materials
<b>Exam</b>	Every 12 months	Every 12 months
<b>Lenses</b>	Every 12 months	Every 12 months
<b>Frame</b>	Every 12 months	Every 12 months
VSP® PROVIDER		
<b>WellVision Exam®</b>	Covered after \$15 copay	Covered after \$15 copay
<b>Contact Lens Exam</b>	15% savings on contact lens exam	15% savings on a contact lens exam
<b>Lenses:</b> Single Vision Lined Bifocal Lined Trifocal Lenticular Impact-Resistant Lenses for Dependent Children	Covered after \$25 materials copay	Covered after \$25 materials copay
<b>Lens Enhancements</b>	Average savings of 30% on other lens enhancements	Average savings of 30% on other lens enhancements
<b>Anti-glare Coating</b>	\$41 – \$85 copay	\$41 – \$85 copay
<b>Impact-Resistant Lenses</b>	\$35 copay	\$35 copay
<b>Progressive Lenses</b> (no-line bi/trifocals, ranging from standard to custom)	\$0 – \$175 copay	\$0 – \$175 copay
<b>Light-Reactive Lenses</b>	\$75 copay	\$75 copay
<b>Scratch-Resistant Coating</b>	\$17 – \$33 copay	\$17 – \$33 copay
<b>Frames</b>	\$150 allowance every 12 months or \$170 allowance on a featured frame brand	\$150 allowance every 12 months or \$170 allowance on a featured frame brand
<b>Elective Contact Lenses**</b>	\$150 allowance every 12 months	\$150 allowance every 12 months
<b>Medically Necessary Contact Lenses</b>	N/A	N/A
<b>EasyOptions Upgrades</b> Members can choose from one of the following upgrades as part of their plan coverage	N/A	An additional \$80 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or an additional \$80 contact lens allowance
NON-VSP PROVIDER (OUT-OF-NETWORK) REIMBURSEMENT AMOUNT		
<b>Examination</b>	Up to \$45	Up to \$45
<b>Lenses:</b> Single Vision Lined Bifocal Lined Trifocal Lenticular	Up to \$30 Up to \$50 Up to \$65 Up to \$100	Up to \$30 Up to \$50 Up to \$65 Up to \$100
<b>Progressive Lenses</b> (no-line bi/trifocals, ranging from standard to custom)	Up to \$50	Up to \$50
<b>Frames</b>	Up to \$70	Up to \$70
<b>Elective Contact Lenses**</b>	Up to \$105	Up to \$105
<b>Medically Necessary Contact Lenses</b>	N/A	N/A
FULLY-INSURED PROGRAM		
Member Only Member + One Member + Family	Annual Payment or Monthly Installments	Annual Payment or Monthly Installments
<b>Contract Term</b>	12 months	12 months
<b>Healthy Vision Association</b>	N/A	\$18 annual membership fee in all states except FL, NY, WA, OR
<b>Plan Availability</b>	Available in all states	Available in all states

\*Plans have exclusions and limitations.

\*\*Contact lenses are in lieu of spectacle lenses and frames once every 12 months.